

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **ASSOCIATES IN ORAL AND MAXILLOFACIAL SURGERY, LTD.**

Mailing Address: **989 RESERVOIR AVENUE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address: **ONE TURKS HEAD PLACE**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-81038349-61577632

COLLATERAL

PURSUANT TO RHODE ISLAND GENERAL LAWS S6A-9-402(2)(c), THIS FINANCING STATEMENT IS BEING FILED TO PERFECT A SECURITY INTEREST IN THE COLLATERAL DESCRIBED IN THE LAPSED FINANCING STATEMENT BEARING FILING NO. 201109650440, BETWEEN FOREGOING DEBTOR AND SECURED PARTY ORIGINALLY FILED ON 3/10/2011 @ 8:26 AM.